

**MULTIPLE DEPENDENT IM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

549571

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 14 | | | | | |
| TOTAL DEP. | 29 | | | | | |
| TOTAL CLAIMS | 73 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

Best Available Copy